

**CITY OF WYOMING
FREEDOM OF INFORMATION REQUEST**

I hereby request the following documents under the Freedom of Information Act.
(Please be specific.)

I request to: _____View document(s) or _____Receive a copy of document(s)

Please note:

- There may be a charge for copies and/or labor for searching, copying and/or separating material. (Costs may be reduced if an email is provided for electronic response.)
- The City has 5 business days to respond and may request a 10-day extension.
- If charges exceed \$50, a good faith deposit of no more than 50% may be required.

Delivery method (upon full payment):

_____Pick up in person _____Email to address below _____Mail to address below

NAME _____PHONE _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

SIGNATURE _____ DATE _____

City Clerk's Office - City of Wyoming
1155 28th Street SW
Wyoming, MI 49509-0905
fax 616-530-7200
phone 616-530-7296